

**REMARKS**

Claims 1-11, 13, 14, 16-28, 31, 32, 34-36, 39, 41-44, 47, 51, 52 and 54-56 are amended. Claims 12, 30, 33, 40, 46, 50 and 53 are canceled without prejudice. New claims 59-64 are added. Claims 1-11, 13, 14, 16-29, 31, 32, 34-39, 41-44, 47-49, 51, 52 and 54-64 are pending in the application. The claims amendments and new claims are supported by the application as filed and do not present new matter. *See, e.g.*, Figures 1A-B; Figures 2A-H (illustrating tubular catheters; diameters of proximal and distal ends); para. 23 (examples of catheter diameters); para. 29 (first implant delivered to an aneurysm site to retain or contain a second implant within an aneurysm site). Reconsideration and allowance of the application, as amended, are respectfully requested.

**I. Allowable Claims**

Applicants kindly acknowledge that the November 29, 2006 Office Action states that dependent claims 4 and 11 (following the September 20, 2006 Amendment) would allowable if rewritten in independent form.

In accordance with the indication of allowability, dependent claim 4 (as recited in the September 20, 2006 Amendment) is rewritten in independent form to include the elements and limitations of independent claim 1. Claim 4 refers to delivering first and second implants. Amended claim 4 and dependent claims 2, 3, and 5-9, which depend from claim 4, are also allowable.

Also in accordance with the indication of allowability, dependent claim 11 (as recited in the September 20, 2006 Amendment) is rewritten in independent form to include the elements and limitations of independent claim 10. Claim 11 refers to delivering first and second implants. Amended claim 11 and dependent claims 13, 14 and 16-23, which depend from claim 11, are also allowable.

Applicants also kindly acknowledge that the June 21, 2006 Office Action stated that dependent claims 4 and 11 (as filed) were objected to as being dependent upon a rejected base claim, but would be allowable if rewritten in independent form and to address a rejection under 35 U.S.C. §112 ¶2.

In accordance with the previous indication of allowability, new independent claim 59 includes the elements and limitations of independent claim 1 and dependent claim 4 (prior to the September 20, 2006 Amendment). New independent claim 59 includes the elements and

limitations of independent claim 1 and dependent claim 4 (prior to the September 20, 2006 Amendment). Claim 59 refers to delivering the implant along the guide and through the first cavity and the vascular space to the vascular site.

Also in accordance with the previous indication of allowability, new independent claim 60 includes the elements and limitations of independent claim 10 and dependent claim 11 (prior to the September 20, 2006 Amendment). Claim 60 refers to “an implant” rather than a “first implant” and refers to delivering the implant to the vascular site, the implant being advanced by the distal end of the first member.

Applicants respectfully submit that new independent claims 59 and 60 are allowable in view of the prior indication of allowability and that these claims particularly point out and distinctly claim the claimed subject matter.

## **II. Claims 1 and 10 Are Patentable Over Guglielmi, Anidjar and Sepetka**

Independent claims 1 and 10 stand rejected under 35 U.S.C. §103(a) as allegedly being unpatentable over U.S. Patent No. 5,916,235 to Guglielmi *et al.* (“Guglielmi”) in view of U.S. Patent No. 6,036,723 to Anidjar *et al.* (“Anidjar”) and further in view of U.S. Patent No. 5,814,062 to Sepetka *et al.* (“Sepetka”). To establish a *prima facie* case of obviousness of a claim under 35 U.S.C. §103(a), all the claim limitations must be taught or suggested by the prior art. All words in a claim must be considered in judging the patentability of that claim against the prior art. Further, there must be some suggestion or motivation to make the asserted combination. Applicants respectfully traverse the rejection.

The primary reference relied upon by the Office Action is Anidjar. Anidjar, however, fails to disclose, teach or suggest providing “a first catheter having a tubular body, a distal end and a proximal end and defining a first cavity, and a second catheter having a tubular body, a distal end and a proximal end and defining a second cavity, the second catheter being insertable within the first cavity” as recited in claims 1 and 10. The Office Action refers to the sheath 39 and introducing means 33 described by Anidjar, but the cited components are not a first catheter and a second catheter as recited in claims 1 and 10. Consistent with this conclusion is that Anidjar refers to “catheter” as a different component in a different context. Further, col. 7, lines 38-63 of Anidjar do not refer to a catheter.

Additionally, the introducing means 33 is not a second catheter “having a tubular body” as recited in claims 1 and 10. In contrast, Anidjar explains that the introducing means has a “pointed end 37”. Anidjar (col. 7, line 42).

As admitted in the Office Action, Anidjar also fails to disclose, teach or suggest first and second implants. Further, Anidjar fails to disclose, teach or suggest “delivering the first and second implants through the first cavity and to the vascular site, the first implant comprising a containment implant that reduces a width of a neck of the vascular site” and “retaining the second implant in the vascular site using the first implant” as recited in claims 1 and 10.

Guglielmi is cited for the limited purpose of allegedly disclosing first and second implants, and Sepetka is cited for the limited purpose of allegedly disclosing certain dimensions. The Office Action asserts that Septeka discloses catheters for the deployment of occlusion coils. Guglielmi and Sepetka, however, do not cure the deficiencies of Anidjar. For example, Guglielmi describes a cage 20, but the cage 20 is not a first implant that reduces a width of a neck of a vascular site. Rather, the cage 20 is placed in an aneurysm and may be used as a fishing tool to capture escaped free coils in the vessel, which may have escaped from the aneurysm. *See, e.g.*, Guglielmi (Figure 2a; col. 4, 19-26).

Consequently, even if the asserted combination of references were made, the combination would nevertheless fail to disclose, teach or suggest each and every limitation of claims 1 and 10. Accordingly, Applicants respectfully request that the rejection of claims 1 and 10 under §103(a) be withdrawn.

### **III. Claims 24-29, 31, 32, 34-38, 41-44, 47-49, 51, 52, 54-58 Are Patentable Over Anidjar and Guglielmi**

Independent claims 24 and 39 and respective dependent claims 25-29, 31, 32, 34-38, 41-44, 47-49, 51, 52 and 54-58 stand rejected under 35 U.S.C. §103(a) as allegedly being unpatentable over Anidjar in view of Guglielmi. Independent claims 24 and 39 recite “first catheter,” “second catheter,” “tubular body,” “first implant” and “second implant” limitations. Claims 24 and 39 also recite limitations directed to “the first implant comprising a containment implant” and “the first implant being positioned to reduce a width of a neck of the vascular site and retain the second implant in the vascular site.” Applicants respectfully request that the rejection be withdrawn in view of the deficiencies of the cited references discussed above. Further, the cited references are deficient relative to various dependent claims.

For example, dependent claim 18 recites “the first implant being placed within a neck of the aneurysm.” Claim 18 depends from claim 1, which recites “a containment implant that reduces a width of a neck of the vascular site...” The Office Action asserts that Anidjar discloses a stent that “inherently acts as a containment implant.” However, Figures 5 and 6 of

Anidjar show prostheses 1 and 11, but not a first or containment implant that reduces a width of a neck of an aneurysm and retains the second implant in the aneurysm. The subject application also notes this difference by explaining “Unlike the embolic containment system, however, the stent is placed outside the neck of the aneurysm or into the parent vessel.” (Page 7, lines 1-3).

Further, with regard to claim 28, none of the three cited references specifically refers to a “filter.” With regard to claims 38 and 58, none of the three cited references specifically refers to a “tumor.”

Accordingly, Applicants respectfully request that the rejection of claims 24-29, 31, 32, 34-38, 41-44, 47-49, 51, 52 and 54-58 under §103(a) be withdrawn.

#### **IV. New Claims 61-64 Are Patentable**

New dependent claims incorporate the elements and limitations of respective independent claims 1, 10, 24 and 39 and, therefore, are also allowable. Additionally, Anidjar fails to disclose, teach or suggest the limitations of these claims since the introducing means 33 is not a second catheter having a “tubular body” having distal and proximal ends that are the “same diameter.”

## CONCLUSION

Applicants respectfully submit that the application is in condition for allowance in view of the forgoing amendments and remarks. If there are any remaining issues that can be resolved by telephone, Applicants invite the Examiner to contact the undersigned at the number indicated below.

Respectfully submitted,  
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